Amendme	nt		
☐ Yes	\mathbf{X}	No	

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information					No. of Contract of		and the State State of the Stat
a. Full Name							c. ID Number
CITIZENS TO ELECT CH	HIP HUGHES						CRA-2CD2NC-C-001
b. Mailing Address (include	City, State and Zi	p Code)			31 2		d. Date Filed
1037 COLLETON WAY TRENT WOODS, NC 28:	562						01/05/2015
TRENT WOODS, NC 28.	302						e. Phone Number
2. Report Year 3. Period S	tart Date (mm/dd/	yy)	4. Period	End Da	ite (mm/dd/yy)	5. Treas u	rer Full Name
2014	10/19/2014			12/31/2	2014	DANIEL	E MURPHY
6. Type of Committee (Chec	ck One)	9. Typ	e of Repor	t (c		type of rep	ort from one category)
X Candidate Campaign	Party	Munic	_		State/County		Referendum
	PAC		Organizatio		☐ Organization	onal	☐ Organizational
	Legal Expense Fund	4-	Thirty-five		Quarterly		Pre-referendum
	cable, check one)	10	Pre-primary		First		☐ Final
☐ "Booster Fund"		10	Pre-election	n .	Second		Supplemental Final
☐ Building Fund			Pre-runoff		Third		Annual
Presidential Election Year		l_	Semi-annua		Fourth		☐ Special
NC Public Campaign Finance	cing Fund	I⊔	Mid Ye		Semi-annua		
		ㅁ	Year E	nd	Mid Ye		10. Special Report Name
Other:		J□	Final		Year E	nd	
8. Number of Fundraisers t	this Report		Special		Final		
0					☐ Special		
3. Account Information				3. Acc	ount Informat	ion	
a. Financial Institution Full	Name				ncial Instituti		ne
BB&T				PIRY	X INC.		
b. Purpose	c. Account Cod	de		b. Pur	pose		c. Account Code
CONTRIBUTIONS & EXPENDITURES		1		ONLI	NE TRANSA	CTIONS	2
	d. Period Begi	n Balan	ce	1			d. Period Begin Balance
	\$ 3,85	6.94					\$ 0.00
CERTIFICATION					7		
I certify that the Committee	ee or Fund is in co	mplian	ce with all a	applica	ble provisions	of Article 2	22A, 22B & 22D-22M of
Chapter 163 of the NC Ge	neral Statutes and	that no	funds are	comm	ingled with pro	hibited or	other non-disclosed
							ed by the NC State Board
	-		11/1	C	//		
I WIEL E. MURP	H		1/2	LI	1-		01/05/2015
Printed Name	of Signer		/\$ ign	ature of	Appointed Trea	isurer	Date
FOR OFFICE USE ONLY	1 1		U		10 -	_	
Date Received:	1/5/15		Emplo	yee:	Meyy		livery Method Normal Mail
Date Postmarked:		<u>.</u>	Emplo	yee:		- 	Registered Mail Hand Delivered
Date Scanned:			Emplo	yee:			Electronically Filed
Date Data Entered:			Emplo	yee:			Signer has not received mandatory training
Please Note: This for assis	m cannot be used stant treasurer, cu						~
	nend the Statemen						

Disclosure Report Cover Adden	ıdum
-------------------------------	------

Amendment ☐ Yes 🔀 No

Use this form to report additional bank account information that did not fit on the Disclosure Report Cover.

1. Committee Full Name	(and Fund i	f applicable)		2. ID Number
CITIZENS TO ELECT				CRA-2CD2NC-C-001
3. Account Information			3. Account Information	
a. Financial Institution Fu	ıll Name		a. Financial Institution	Full Name
ANEDOT				
b. Purpose	c. Acco	unt Code	b. Purpose	c. Account Code
ONLINE TRANSACTIONS		3		
1104110710110	d. Peri	od Begin Balance		d. Period Begin Balance
	s 100.00			\$
22M of Chapter 163 of	the NC Gen	eral Statutes and	that no funds are commin	sions of Article 22A, 22B & 22D agled with prohibited or other correct and that I have been 01/05/2015
Printed Name	of Signer	Sigr	ature of Appointed Treasure	r Date
Please Note: This cov	ver sheet ca	nnot be used to a	mend committee informat	tion such as the committee name
		or accoun	t information.	*
You must amen	d the Stater	nent of Organizat	ion (CRO-2100A-E) to ma	ke committee changes.
CRO-1010		NC State Bo	oard of Elections	December 200°

Amendment ☐ Yes No No

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable) CITIZENS TO ELECT CHIP HUGHES	port Quarter		D Num RA-2C	D2NC-C-001	
Start of Election Cycle: January 1,		Total thi Reporting P		Total this Election Cycle	
4) Cash on Hand at Start	\$ 3,8	356.94	\$	0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0.00	\$	1,593.51
6) Contributions from Individuals	(CRO-1210)	\$ 4,0	50.00	\$	94,928.27
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00	\$	0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	0.00	\$	0.00
9) Loan Proceeds	(CRO-1410)	\$	0.00	\$	0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0.00	\$	0.00
11) Other Receipt Sources		- 1			1. 进
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.00	\$	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0.00	\$	0.00
11c) Outside Sources of Income	(CRO-1250)	\$	0.00	\$	1,035.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0.00	\$	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0.00	\$	0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	c,11d and 11e)	\$ 4,0	050.00	\$	97,556.78
EXPENDITURES					
13) Disbursements					1
13a) Operating Expenditures	(CRO-1310)	\$ 8,0	005.13	\$	91,364.08
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0.00	\$	1,000.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0.00	\$	296.31
15) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.00	\$	1,136.31
17) In-Kind Contributions	(CRO-1510)	\$	0.00	\$	3,858.27
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 8,0	005.13	\$	97,654.97
(9) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$	(98.19)	\$	(98.19
ADDITIONAL INFORMATION	(CDO 1110)	Г _ф	0.00		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.00		
21) Outstanding Loans (incl. ones from other campaigns)	·····	\$	0.00		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00		1 de
24) Account Transfers Within the Committee	(CRO-1720)	\$	0.00		
25) Administrative Support	(CRO-1710)	\$	0.00	\$	0.00
26) Forgiven Loans	(CRO-1440)	\$	0.00	\$	0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0.00	\$	0.00
28) Contributions to be Refunded	(CRO-1215)	\$	0.00	\$	0.00

Contributions from Individuals

				Amendm	ent
Pg	_1_	of	5	☐ Yes	No No

Use this form to report individua	al contributions over \$50	or contributions under \$50	if form CRO 1205 is not used
-----------------------------------	----------------------------	-----------------------------	------------------------------

1. Com	nittee Full Name	(and Fund if applicabl	e)			2. II	D Number		
	ENS TO ELECT					CF	RA-2CD2N	VC-C-001	
3. Cont	ributor Informati	on		Add 🔲 Rer	move				
a. Full N	a. Full Name, Mailing Address & Phone				ofession	d. C	omments		
-	(include city, state, & zip)			LEGISLATO	R				
JOHN 501 HO	BELL OLLAND HILL D	DRIVE		c. Employer's I	Name/Specific Field				
	SBORO, NC 275			NC HOUSE					
				*		e. El	lection Sur	n to Date	
						\$		1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	-, 44	k. Amount		
	1	Check			11/18/2014		\$	1,000.00	
	e.						\$		
				u			\$		
3. Cont	ributor Informati	on							
" - 1 to 1	lame, Mailing Add			b. Job Title/Pro	ofession	d. C	omments	(
	de city, state, & z	ip)		RETIRED	4				
	AN CREGER DGEWOOD TRA	A TT		c. Employer's I	Name/Specific Field				
	BERN, NC 2856			DEPT OF DEFENSE					
1,2,,,) Liu, ive 2000	v					e. Election Sum to Date		
								100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	o ilu e i	k. Amount		
	1	Check	В		11/18/2014		\$	100.00	
		ő.					\$		
		v					\$		
3. Cont	ributor Informati	on		Add 🔲 Re	move				
A CONTRACTOR	lame, Mailing Ado			b. Job Title/Profession			Comments		
	de city, state, & z	ip)		CLERK OF C	COURT				
	N DAVIS			c. Employer's	Name/Specific Field	1			
	IC HWY 55 W R, NC 28526			RETIRED	**************************************				
	10,100 20020			12.11.02		e. E	dection Su	m to Date	
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy)) []	k. Amoun	t :	
	1	Check		s *	11/07/2014		\$	100.00	
		,			2.		\$		
					v		\$	a	
4. Tot	al only this Pa	ge				\$		1,200.00	
	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$		4,050.00	

Contributions from Individuals Pg 2 of 5 Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) CRA-2CD2NC-C-001 CITIZENS TO ELECT CHIP HUGHES ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) DATABASE MANAGER MARY HYNES c. Employer's Name/Specific Field 105 ASPEN CT HAVELOCK, NC 28532 **SELF** e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Credit Card 3 100.00 11/08/2014 \$ \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) ATTORNEY JAMES JACKSON c. Employer's Name/Specific Field 101 VAUD COURT NEW BERN, NC 28562 SELF/RETIRED e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 10/31/2014 100.00 \$ \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED GEORGE JOHNSON c. Employer's Name/Specific Field **511 EAST FRONT STREET NADEP** NEW BERN, NC 28560 e. Election Sum to Date 100.00 j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description Check 10/31/2014 \$ 100.00 \$ \$ 300.00 4. Total only this Page \$

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$

Contributions from Individuals

				Amendment			
Pg	3	of	5	☐ Yes	No No		

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applicabl	e)			2. П	D Number	4,77,4139	
	ENS TO ELECT					CF	RA-2CD2N	C-C-001	
3. Cont	ributor Informati	on		Add Rer	nove				
	Name, Mailing Ado			b. Job Title/Pro	ofession	d. C	omments		
	ide city, state, & z	ip)		ATTORNEY					
PO BO	IAN KELLUM			c. Employer's I	Name/Specific Field				
	BERN, NC 2856	3		KELLUM LA	W FIRM .				
						e. E	lection Sum	to Date	
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount		
	1	Check			10/31/2014		\$	100.00	
							\$		
							\$		
3. Cont	ributor Informati	on		Add 🗆 Rei	move				
a. Full I	Name, Mailing Add	dress & Phone		b. Job Title/Pro	ofession	d. C	Comments		
(inclu	ide city, state, & z	ip)		STATE TRO	OPER				
ART K				c. Employer's Name/Specific Field					
	HELSEA ROAD IT WOODS, NC 2	28562		NC (RETIRED)					
IKLIV	i woods, ne z	20302					e. Election Sum to Date		
						\$		250.00	
f Prior	a Account Code	h. Form of Payment	i. In-Kind De	 scription	j. Date (mm/dd/yyyy))	k. Amount		
	1	Check			11/07/2014		\$	250.00	
	•				11/0//2014			230.00	
							\$		
							\$		
3. Cont	ributor Informati	on	Secret 4		move				
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Name, Mailing Ad	1,000 A. W.		b. Job Title/Pr		d. C	Comments		
	ide city, state, & z			RETIRED CI	EO				
	HAMPION MITO LIVER LANE	CHELL		c. Employer's	Name/Specific Field	e:			
	BERN, NC 2856	2		NETWORKS	S SOLUTIONS				
	,					e. I	dection Sun	1 to Date	
						\$		500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy)	k. Amount		
	1	Check		8	11/13/2014		\$	500.00	
					÷		\$		
							\$		
4. Tot	al only this Pa	ige				\$		850.00	
5. Tot	al of ALL CR	O-1210 Pages	n cho tro			\$		4,050.00	
(This	une must be on line	6 of Detailed Summary	rage CKO-1100	7 (m. 136) 1 (2)	5,069				

Amendment **Contributions from Individuals** 5 ☐ Yes No No Pg Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) CRA-2CD2NC-C-001 CITIZENS TO ELECT CHIP HUGHES ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) INSURANCE AGENT KENNETH E MORRIS III c. Employer's Name/Specific Field 503 HAYWOOD CREEK DR FIRST CHOICE BENEFITS TRENT WOODS, NC 28562 e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) Check 10/23/2014 250.00 \$ \$ \$ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) INVESTIGATOR M.B. MULLINIX JR c. Employer's Name/Specific Field **615 NEW ST** NC DEPT OF INSURANCE NEW BERN, NC 28560 e. Election Sum to Date 700.00 j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description Check 11/24/2014 \$ 700.00 \$ \$

3. Contributor Information	☐ Add ☐ Remove	建筑
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
include city, state, & zip)	PRESIDENT	¥
JONATHAN SEGAL 430 GASEWOOD DR NEW BERN, NC 28562	c. Employer's Name/Specific Field	
	FREEDOM COMMUNICATIONS	e. Election Sum to Date
		\$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amou	ıt
	1	Check		10/31/2014	\$	250.00
					\$	
					\$	
4. Tot	al only this Pa	ge			5	1,200.00
5. Tot	al of ALL CR	O-1210 Pages			•	4.050.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

4,050.00

Contributions from Individuals

				Amendm	ent
Pg	5	of	5	☐ Yes	∑ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comr	nittee Full Name	(and Fund if applicabl	e)			2. II	D Number	
	ENS TO ELECT (CF	RA-2CD2N	C-C-001
3. Cont	ributor Informati	on		Add 🔲 Rei	move			
	lame, Mailing Add			b. Job Title/Profession			d. Comments	
	de city, state, & z			ATTORNEY				
	ICK STUBBS JR X 1654			c. Employer's I	Name/Specific Field			
	BERN, NC 28563	3		STUBBS & I	PERDUE			
						e. E	lection Sum	to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			11/24/2014		\$	250.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🗆 Re	move			- 10
	Name, Mailing Add			b. Job Title/Pr	ofession	d. C	comments	
	ide city, state, & z			MAYOR				
JOHN PERCY WETHERINGTON				c. Employer's Name/Specific Field				
119 N WEST ST PO BOX 698				TOWN OF D			*	
	R, NC 28526			10 111 01 2		e. E	lection Sun	n to Date
DO VERGINO 20020						\$		150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy))	k. Amount	
	1	Check			11/24/2014		\$	150.00
							\$	
							\$	
3. Cont	ributor Informati	on		The state of the s	move			
100000	Name, Mailing Ad			b. Job Title/Pr	ofession	d. (Comments	
	ide city, state, & z	ip)		ENGINEER				
A.D W	ILLIS LLCREST ROA	n		c. Employer's	Name/Specific Field			
Company of the Company	BERN, NC 2856			SELF		辶		
				s.		e. I	Lection Sur	n to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy)	k. Amount	
	1	Check			11/13/2014		\$	100.00
							\$	
							\$	
4. Tot	al only this Pa	ige				\$	•	500.00
5. Tot	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Paga CPA 1100			\$		4,050.00
(I his	une must be on line	o of Delauea Summary	age CAU-1100	7	Contract Con	Ø1		

	Amenament
Disbursements	Pg 1 of 4 Yes No

1. Committee Fu	ll Name (and Fund	if applicable)				2. ID Nu	mber 2CD2NC-C-001			
CITIZENS TO I	CITIZENS TO ELECT CHIP HUGHES									
3. Type of Disbur	sement (Please	use separate CRC	0-1310 forms for eac	h type of Disbu	rsemen	t.)	工艺工程			
Operating Expe	Contract Con		es/Political Committees				xpenditures			
4. Payee Informa			☐ Add ☐	Remove						
	iling Address & Pl			d Committee N	ame	d. Comm	ents			
(include city, stat										
ANEDOT	-,									
5555 HILTON A	VE		c. Level Regis	tered (Specify)						
STE 106			☐ Federal	County	- L					
BATON ROUG	E, LA 70808		☐ State	☐ Municip	pality:	e. Electio	n Sum to Date			
(225) 250-1301						\$	4.20			
		L Downson Code	D-4- (/44/	j. Amount	k Rec	uired Re	marks			
			i. Date (mm/dd/yyyy)							
3	Draft	0	11/08/2014	\$ 4.20	HYN		NATION FEE -			
-				\$	IIIIN	Lo				
4. Payee Informa	tion		☐ Add ☐	Remove						
	iling Address & P	none	Annual Control of the	d Committee N	ame	d. Comm	ents			
(include city, stat										
CAMPAIGN GE										
PO BOX 2057				stered (Specify)	a gy' a					
BEAUFORT, N	C 28516	☐ Federal	☐ County							
·			☐ State	☐ Municip	pality:	e. Dectio	on Sum to Date			
*				*	1	\$	1,200.00			
f Account Code	Torm of Paymen	h. Purpose Code	i. Date (mm/dd/yyyy)	i. Amount	k. Red	uired Re	marks			
1	Check	О	12/22/2014	\$ 1,200.00			CK CARDS			
	CHECK		12/22/2014	\$	LIN					
			No. of the contract of the con							
4. Payee Informa			Add 🗆	Remove						
	iling Address & P	hone	b. Coordinate	ed Committee N	ame	d. Comm	ents			
(include city, stat										
RUFUS CARTE			a Lavel Pagi	stered (Specify)	V _{ec}					
112 ELLEN CO			Federal	County						
HAVELOCK, N	C 28532		State			e. Decti	on Sum to Date			
±					-		AL			
						\$	600.00			
f. Account Code	g. Form of Paymen	h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. Re	quired R	emarks			
1	Check	0	10/31/2014	\$ 400.00	TRA	NSPOR'	TATION/POLL			
				\$	WOF	KERS				
				<u> </u>						
5. Total only this	Page					\$	1,604.20			
6. Total of ALL (CRO-1310 Pages	Marian . A					41			
			-1100 if Operating Exp			\$	8,005.13			
			0-1100 if Contrib to Can			•	0,000.12			
(This line goes in	line 13c of Detailed	Summary Page CRO	-1100 if Coordinated P	arty Expenditures,)					
7. Purpose Co	des (List detaile	d expenditure code	in (h.) above)				100			
A* - Media	B* - Print	ing	C* - Fundraising	D - To	Anoth	ner Cand	idate			
E - Salaries	F* - Equip	ment	G - Political Party				Office Expenses			
I - Postage	J - Penalt	ies	K* - Office Expens	es Q* - I	Donatio	n to Leg	al Expense Fund			
O* Other										
* Codes require	detailed explanat	ion in required rer	narks field(k)							

Disbursements	Ρσ	2	of	4
Dispuiscincits	rg		UI	

				Amendment				
Pg	2_	of	4		Yes	X	No	

1. Committee Fu	Il Name (and Fund	d if applicable)			100			2. ID Nur	
	ELECT CHIP HU							CRA-2	2CD2NC-C-001
3. Type of Disbu	rsement (Pleas	e use separate CI	20-1310 form	for each	type	of Disbur	rsemer	ıt.)	
Operating Exp	CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE	ntributions to Candio				☐ Coo	rdinate	d Party Ex	penditures
4. Payee Informa			☐ Add		Remo	ove	rys-Mily		
The state of the s	iling Address & P	hone	A STATE OF THE PARTY OF THE PAR		20,000,000,000,000	mittee Na	me	d. Comm	ents
(include city, stat		none							
COASTAL GOI									390
PO BOX 12341	OF INC.		c. Le	vel Regist	ered	(Specify)	Training and		
NEW BERN, N	C 28561		☐ F	☐ Federal ☐ County:					
NEW BERRY, IV	C 20301			tate		Municip	ality:	e. Dectio	n Sum to Date
								\$	350.00
					to the low wa	The San Street of			
f. Account Code	g. Form of Paymen							quired Re	
1	Check	О	11/07/2	2014	\$	350.00			Y GOLF
					\$		SPOI	NSOR	
4 Poves T-for-	# 0-2	I	L □ Add		Remo	we	l	7	61820.363
4. Payee Informa	iling Address & P	hana	the second secon	7.00		mittee Na	ıme l	d. Comm	ents
		none	B. C.	orumate	1 000	initie in		<u></u>	
(include city, sta									
FIRST TEE OF	ENC		c. Le	vel Regist	ered	(Specify)	- 4		
PO BOX 14701	NEW BERN, NC 28561					County:	-		
NEW BERN, NC 28301				ederal tate	Ī	Municip	ality:	e. Electio	n Sum to Date
								·	150.00
								\$	150.00
f. Account Code	g. Form of Paymen	t h. Purpose Cod	e i. Date (mm	/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks
1	Check	0	10/27/2	2014	\$	150.00	GOL	F TOUR	NAMENT
					\$		SPO	NSOR	
4. Payee Informa	otion		□ Add	П	Rem	ove			**************************************
	iling Address & P	hone	and the second			mittee Na	ame	d. Comm	ents
(include city, sta		none							
BOBBY GODE			c. Le	vel Regist	tered	(Specify)	1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
860 ADAMS CI				ederal	-	County			
HAVELOCK, N	IC 20332			State		Municip	ality:	e. Electio	n Sum to Date
8								₽.	216.00
								\$	216.00
f. Account Code	g. Form of Paymen	t h. Purpose Cod	le i. Date (mm	/dd/yyyy)	j. An	ount	k. Re	quired Re	marks
1	Check	0	10/31/	2014	\$	216.00	TEN	T, TABL	ES CHAIRS
9			_		\$		ELE	CTION I	DAY
					Þ				
5. Total only this	s Page							\$	716.00
6. Total of ALL	CRO-1310 Pages		· 基礎器						
	n line 13a of Detaile	d Summary Page Ch	RO-1100 if Oper	ating Expe	nses)			\$	8,005.13
	n line 13b of Detaile					Political C	Comm)	Φ	6,003.13
	n line 13c of Detailed								
7. Purpose Co	des (List detaile	d expenditure co	de in (h.) abov	e)					
A* - Media	B* - Print	(2000)	C* - Fundr			D - To	Anot	her Candi	idate
E - Salaries	F* - Equip	A CONTRACTOR OF THE PARTY OF TH	G - Politica						Office Expenses
I - Postage									
O* Other	o ronar				7.5 (1.5)		,	8	
	detailed explanat	ion in required r	emarks field (k)			1.54		1000000

n	ic	hu	re	em	Δ'n	te
.,	18	1)11			-	

				Amendment			
Pg	3_	of	4		Yes	X No	

1. Committee Fu	ll Name (and Fund	if applicable)			2.	. ID Nun	
CITIZENS TO	ELECT CHIP HUC	GHES				CRA-2	CD2NC-C-001
a m en i	t v (Dlazaa	······································	0-1310 forms for eac	h tuna of Dichu	reamont	1	
3. Type of Disbut Operating Expe			es/Political Committees				penditures
4. Payee Informa	ution		☐ Add ☐	Remove			1000000
	iling Address & Ph	one	b. Coordinate	d Committee N	ame d.	Comme	nts
(include city, stat	e, & zip)		X-18, %)				
LAMAR							
516 ENGLISH F				stered (Specify)			
ROCKY MOUN	IT, NC 27804		☐ Federal ☐ State	☐ County ☐ Municip		Flection	Sum to Date
			<u> </u>				
							1,800.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		100000	ired Rer	
1	Check	A	11/14/2014	\$ 1,800.00	BILLB	OARD	INV#598452
				\$			
4. Payee Informa	ition		☐ Add ☐	Remove			1.74
	iling Address & Ph	ione	b. Coordinate	d Committee N	ame d.	. Comme	nts
(include city, stat	e, & zip)						
VERNON RAY	RICHARDS						
3312 NEUSE BI			c. Level Regis	stered (Specify) County	1.44		
NEW BERN, NO	C 28562	State			Hection	Sum to Date	
		·	- State				
					5	\$	1,687.56
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Requ	ired Rer	narks
1	Check	0	11/20/2014	\$ 1,687.56		OWE M	EET &
				\$	GREE	Ι	
4. Payee Informa	ition		☐ Add ☐	Remove			
	iling Address & Ph	one	b. Coordinate	ed Committee N	ame d.	. Comme	nts
(include city, stat	e, & zip)						
THEA'S IDEAS							
PO BOX A			c. Level Regis	stered (Specify) County			
NEW BERN, NO	C 28563		State			. Election	Sum to Date
						_	
				*		\$	3,470.61
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Requ	iired Rei	narks
1	Check	О	10/27/2014	\$ 1,113.83	CAMP	PAIGN S	SHIRTS
				\$			
5. Total only this	Рада			200 A. 2006		\$	4,601.39
				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Ψ	4,001.55
	CRO-1310 Pages	g n cno	1100 is Oi E				
			-1100 if Operating Exp -1100 if Contrib to Can			\$	8,005.13
, .	-		-1100 if Coordinated Po		1		•
7. Purpose Co	des (List detailed	l expenditure code	in (h.) above)	180			100453
A* - Media	B* - Printi	2410-7-240-1-1-1-1	C* - Fundraising	D - To	Anothe	er Candio	late
E - Salaries	F* - Equipa		G - Political Party	H* - I	Iolding I	Public O	ffice Expenses
I - Postage	J - Penalti		K* - Office Expense	es Q* - I	Oonation	to Lega	Expense Fund
O* Other					*******************		
* Codes require	detailed explanati	on in required ren	narks field(k)	11856		9846	

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I)	10	h	IIP	CA	m	AT	its
1,	10		uı	3			113

				Amendment			
Pg	4	of	4	☐ Yes	X No		

	ull Name (and Fur						55.0	2. ID Nur	nber
1. Committee Full Name (and Fund if applicable) CITIZENS TO ELECT CHIP HUGHES									2CD2NC-C-001
3. Type of Disbu		se use separate CRC							
Operating Exp	penses 🔲 Co	entributions to Candidat	tes/Poli	ical Committees	3	☐ Coo	rdinate	ed Party Ex	penditures
4. Payee Inform	ation			Add 🗆	Ren	nove			
a. Full Name, Mailing Address & Phone				b. Coordinated Committee Name				d. Comm	ents
(include city, sta	ite, & zip)								
THEA'S IDEAS	S								
PO BOX A				c. Level Registered (Specify)					
NEW BERN, NC 28563				Federal County:				. TT 41	C 4- D-4-
				State		Municip	anty:	e. Hectio	n Sum to Date
								\$	479.04
f. Account Code	g. Form of Payme	nt h. Purpose Code	i. Dat	e (mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
1	Check	О	1	1/07/2014	\$	479.04	CAN	MPAIGN SHIRTS	
					\$				
4. Payee Inform			IJЦ	Add 🗆	300 m at 6 m	nove	r.	l a	
	ailing Address &	Phone		b. Coordinate	ed Co	mmittee Na	ıme	d. Comm	ents
(include city, sta				4					
MALIA M ZAYTOUN				c Lavel Pegi	storo	d (Specify)			
2610 OLDGATE DR				c. Level Registered (Specify) Federal County:					
304 RALEIGH, NC 27604				I—				e. Election Sum to Date	
KALEIGH, NC	2/604								
								\$	4,366.30
f. Account Code	g. Form of Payme	nt h. Purpose Code	i. Dat	e (mm/dd/yyyy	j. A	mount	k. Re	quired Re	marks
1	Check	СО	1	0/21/2014	\$ 604.50		FUNDRAISING SVCS		NG SVCS -
			-				SEP		
					\$			3	
5. Total only thi	is Page							\$	1,083.54
6. Total of ALL	CRO-1310 Pages	13.6				3.212			=
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)								\$	8,005.13
		ed Summary Page CRO					omm)	Э	0,003.13
		d Summary Page CRO							
		ed expenditure code		No. New Yorkston, and not the					10 March 1980
A* - Media	B* - Prin	ting	C* -	Fundraising				her Candi	
Lateration and a communication is a second of the finite of the first								The second second	Office Expenses
I - Postage	Office Expense	es	Q* - D	onati	on to Lega	al Expense Fund			
O* Other									
* Codes requir	e detailed explana	tion in required rer	narks	field (k)					